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### Recreation for the Handicapped

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RECREATION FOR THE HANDICAPPED

being

A Master's Report presented to the Graduate Faculty  
of the Fort Hays Kansas State College in  
partial fulfillment of the requirements for  
the Degree of Master of Science

by

Gaylen Leroy Stephenson

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Date Nov 6, 1958

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## CHAPTER I

### INTRODUCTION

#### STATEMENT OF PROBLEM

Over three million children (approximately one out of every ten), who are in school today, have some sort of physical handicap which needs special recreation consideration. This does not include all the people out of school whose needs are the same as those in school. This places a great burden upon the recreation leaders and departments. A major disadvantage that is hampering the advance of recreation for handicapped individuals is the lack of trained leaders in the field.

#### IMPORTANCE OF STUDY

If the mission of the program is to be properly fulfilled, each handicapped child must receive the utmost opportunity for development and participate to the limit of his capacity in all phases of the program. If recreation is to fulfill its role in sharing in the social, emotional, and physical development of people, it is imperative that the program includes the people who deviate from the so-called normal.



## REASON FOR STUDY

It is not the purpose of this paper to set up a program for the handicapped. It is to bring out some of the many disadvantages a recreation leader may encounter in every day situations. Activities have been suggested for each, and ways to apply them. Each handicapped group could easily make up a program among themselves in homes, schools or hospitals.

The major boost in hospital recreation came during World War II when veteran hospitals had so many wounded war victims that a vocational program was not possible, but recreation for all the patients, was.

Hospital recreation is a separate phase of work and full time should be devoted to it. In other words, it should not be a part of some community organization. There is no other recreational situation where a leader's personality is so important. A leader's wisdom, patience, and sense, and his willingness to give attention and effort are beneficial to the patient, as people who are ill need more attention. The leader should never try to be the doctor, but must follow the advice of the doctor in order to help the patient.

Leighton, Charles, and Harold D. Meyer, *Hospital Recreation, A Guide to Its Organization*, (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1955), p. 243.



## CHAPTER II

### REVIEW OF LITERATURE

#### THE CONVALESCENT

Convalescence is not an illness; it is a period of recovery or repair from an illness or injury of the mind or body. It is the slow healing period after the danger of the illness has passed.

The major boost in hospital recreation came during World War II when veteran hospitals had so many sick and injured war victims that a vocational program was not only set up, but recreation for all the patients, as well.

Hospital recreation is a separate phase in the field and full time should be devoted to it. In other words, it should not be a part of some community organization. There is no other recreational situation where a leader's personality is so important. A leader's warmth, personal secureness, and his willingness to give friendship are often more beneficial than his program, as people who are ill need more affection. The leader should never try to be the captain, but must follow the advice of the doctor in charge of each patient.<sup>1</sup>

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<sup>1</sup>Brightbill, Charles, and Harold P. Meyer, Community Recreation, A Guide to its Organization, (Englewood Cliff, New Jersey: Prentice-Hall, Inc., 1956), p. 343.



Many of the older hospitals have very little suitable space or equipment for a recreation program. Several are building annexes to house the recreational facilities. Good programs do not need special or elaborate equipment; ingenuity is more important. Standard equipment such as radios, televisions, record players, projectors, page turners, libraries, and toys for the young ones. Various types of table games such as cards, checkers, pool, and dominoes are often in demand.

The most important piece of new equipment is "Projection Books."<sup>2</sup> The small portable projector can be operated with very little effort, and the ceiling easily takes the place of a screen. Shut-ins often feel the need for the outdoors and this need can be satisfied by showing films of nature-lore, camping, bird and animal study, gardening, and hunting and fishing.

Dramatics, music, arts and crafts, and hobbies are a basis on which a program may revolve. On holidays or for special events, groups can decorate wards and have parties and outside visitors.

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<sup>2</sup>Hunt, Valerie B., Recreation for the Handicapped, (New York: Prentice-Hall, Inc., 1955), p. 194.



A fine example of an active program is the track meet the Larned State Hospital has initiated within the last five years. Only the patients participate, and the program has met with great success. Upon their doctor's advice, men and women may enter the events for which they are physically fit. Two trophies are awarded, and a picnic is held at the day's end.

### THE AGED

The aged must have something to do to keep their feeling of importance. They need financial security, physical health, and an interest in life. Such success will depend upon what they have learned in early life, and the manner in which they have made changes. Older tissue needs stimulation to maintain its efficiency.<sup>3</sup> Physical activity will decrease and vocational ability will increase.

If one has worked all his life, he may not know how to play, and this is where a recreationalist must help him plan leisure time activities.

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<sup>3</sup>Williams, Arthur, Recreation for the Aging, (New York: Association Press, 1953), p. 6.

<sup>4</sup>Williams, Arthur, Recreation for the Aging, (New York: Association Press, 1953), p. 7.



Older people need social gatherings, and should meet and make new friends to replace those that are lost.<sup>4</sup> These people enjoy helping others and should be given the opportunity to do so in the community.

The program should be particularly planned and run by them. The best method seems to be in clubs with activities such as cards, sewing and weaving, dancing, gardening, nature-lore, and crafts. In many cases, the aged get much enjoyment in being a spectator in athletic events and social contests.

#### THE CARDIAC

Heart disease is probably the most feared of all diseases in the world today, because of its increase due to the soaring population and the longer life span. However, on the brighter side, a person stands a better chance of living a normal life nowadays, because of the miraculous advance in medical science.

The handicap of heart trouble is not visible; it is emotional, because the victim never knows exactly what his limits are.

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<sup>4</sup>Williams, Arthur, Recreation for the Aging, (New York: Association Press, 1953), p. 7.



The danger is that a person feels left out and therefore, wishes to take part in activities; not being able to do so sets up a strain.

Recreation with close guidance is necessary with cardiac patients. Limits must be made and followed. A leader must be careful not to pressure the young, but to provide lots of play freedom that is enjoyable. Otherwise, rough and tumble games will result, and the children will never have known enjoyable activities.

The job of the recreation leader is that of an interpreter and protector. To carry out his job, he must work along with the doctors in order to know precisely what the patients can and cannot do.

In evaluating an activity, these factors may help in determining how strenuous an activity is:<sup>5</sup>

1. Static-held positions requiring little body movement, such as standing and holding arms elevated (as in pyramiding, choral singing, and archery).
2. Speed in movement.
3. High resistance requiring a sudden output of strength, as in lifting heavy objects, climbing, or throwing heavy objects for speed and distance.
4. Strong competition or activity with emphasis on perfection.

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<sup>5</sup>Hunt, Valerie B., Recreation for the Handicapped, (New York: Prentice-Hall, Inc., 1955) p. 164.



5. Prolonged activity, even though it may be mild.
6. High or low temperatures, possibly resulting from improper clothing, swimming in cold water, or moderate activity in warm temperatures without sufficient ventilation.
7. Movement to a stimulating strong beat with musical accompaniment.

An activity evaluated upon these criteria may not indicate strenuousness on any single item, but if it is moderate in many of these criteria, the total effect on the body can be strenuous, according to Valerie B. Hunt at the University of California.

Most normal activities should be performed according to the age and interests of the cardiac. Camping, walking, and other outside sports and activities are very beneficial to the patient, as long as modifications are made in regard to time and rules.

### THE CRIPPLED

The crippled present the largest group of handicapped individuals. This stems from the fact that they represent no defined defects of the body, such as blindness, deafness, and other specific organ illnesses.

The common layman usually gives or feels more pity to the crippled individual because the handicap is visible and slows down motivation.



Crippled children are normal mentally, therefore, making it much easier to work with them in the respect they understand explanations. However, recreational changes must be made to meet each individual's needs, and give them the full benefit of activities. Romaine P. Mackie says to look for activities which will (1) afford rich learning experience, (2) develop them socially and emotionally, (3) distract their handicaps, and (4) provide enjoyment of group participation and achievement.<sup>6</sup>

The activities planned must include those for the seriously and mildly crippled, both, and meet the approval of each. This covers such a wide range of activities, naturally, that a leader must study an extensive number of books and articles published specifically for the various cases.

#### THE DIABETIC

The diabetic appears normal both physically and mentally; however, he may tend to tire more easily, have intense itching, changes in vision, and develop slow healing boils

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<sup>6</sup>Mackie, Romaine P., Crippled Children in School, United States Department of Health, Education and Welfare, (Washington: Government Printing Office, 1953), p. 9.



and abrasions. When a child has diabetes at an early age, he will often develop better physically because of the perfect diet he has had to follow.

The diabetic's greatest fear is the coma, resulting from the lack of insulin; and insulin shock, stemming from an overdose.<sup>7</sup> The coma is accompanied by the symptoms of nausea and labored breathing, whereas, insulin shock causes hunger, nervousness, trembling, and perspiration. Treatment of a diabetic coma must be carried out immediately by a physician; insulin shock is most often handled by the diabetic by eating starch or sugar which he usually carries in the event of an emergency. Insulin shock is the most prevalent and does not present as great a problem as the diabetic carries a card telling what to do in case of sickness.

Many doctors feel the diabetic should live by the sweat of his brow, doing lots of walking and exercises which help control weight and partially fill the need for insulin.

A diabetic should have active hobbies that can be stopped if he becomes tired, such as tennis, bowling, swimming, gardening, and badminton. Hiking, golf, bicycling, could to talk, read, write, and understand.

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<sup>7</sup>Hunt, Valerie B., Recreation for the Handicapped, (New York: Prentice-Hall, Inc., 1955), p. 99.

withdraw from society, become depressed, or make words to his speech.



horseback riding, and hunting are permissible, though caution must be exercised so as not to be too far from home when tired.

Because of the danger diabetics have with infections, cuts, abrasions, and blisters, very special precautions must be taken. Cleanliness is important and showers should be taken after the activity period. Many outstanding athletes have been diabetics; Bill Tabert and Ham Richardson, great tennis stars, to mention only a few. This year in Kansas, one of the top high school basketball players in the nation, (Bill French of Pretty Prairie) is a diabetic. As a recreational leader, one must remember to let the participant achieve his limit without injury to himself, physically or mentally.

#### THE DEAF

People with normal hearing often think of deafness as a minor handicap, but the loss of hearing at birth presents a serious problem. The child is like a little animal in a world of silence. It is a difficult process to teach the child to talk, read, write, and understand. Deafness in later life is not quite as handicapping, but corrective measures must be taken to insure that the individual does not withdraw from society, become depressed, or jumble words in his speech.



People who are hard of hearing differ from the deaf in the respect that they have partial hearing either with or without the use of a hearing aid.

Many schools are maintained for the deaf and do wonderful work in teaching them to lead full and enriching lives. Well-planned recreation programs and trained leaders that understand and know the deaf are extremely important for their welfare. Poor sportsmanship and aggressive behavior occur more often with the deaf because of the misinterpretation of rules or not knowing them at all. To avoid confusion, any changes in the routine should be carefully explained beforehand. Though learning is slow, the deaf retain knowledge longer, probably because of the difficulty in learning and the highly superior teaching.

Most of the deaf can participate in all activities they are otherwise physically fit for. Some need balance work when the semicircular canal area is affected, and a gymnastic program is a beneficial method.

Swimming is an enjoyable activity, however, the deaf with middle ear trouble must often keep water out of the ear canal. Caution must also be exercised when diving, as many lose their sense of balance, which can be hazardous.

Another satisfying activity is pantomime. This way the deaf can express their feeling of stories, plays and games. They excel in dramatics because their facial



expressions often say more than speech.

All in all, there needs to be but little change in the recreation program for the deaf. Only a more thorough explanation of how and what is to be done is necessary.

### THE MENTALLY HANDICAPPED

The mentally handicapped possess varying degrees of intelligence; however, recreation is of little value to those with I.Q.'s below the 40 to 70 scoring range. Generally speaking, this group is capable of learning.<sup>8</sup>

The mentally disturbed have the same needs normal people do. The one major difference is their changing interests and the lack of it for activities. Naturally, they learn very slowly and usually attempt to do things before they learn how.

More often than not, they are in institutions or schools where the entire program is planned for them. At present, however, the trend is to put them with normal

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<sup>8</sup>Schlotter, Bertha E., and Margaret Svendsen, An Experiment in Recreation with the Mentally Retarded, (Washington: National Mental Health Service, 1951).



children when it does not hamper the group play.<sup>9</sup> They need desperately to feel wanted, and this is the practical way to make them feel socially accepted.

In the recreation program, the leader must initiate a progressive system in teaching new games, yet progress very slowly. The play should be simple and include lots of playground apparatus which holds a great fascination for them. It is difficult to make a definite list of activities since the leader must modify them for his own group.

Music is satisfying therapy, as well as enjoyment, as long as it is not too involved.

Camping and nature studies, a growing program, has met with much success in the past few years. It is time consuming on the part of the leader, but well worth it.

The arts and crafts program provides much pleasure for the mentally handicapped. The activities can range from scribbling to basket-weaving, depending on the individual's capabilities.

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<sup>9</sup>Bureau of Special Education, Suggested Acts for Mentally Retarded Children, Vol. 21, No. 2 (Sacramento, California: State Department of Education, 1952).



## THE BLIND

Sight is probably the most cherished of all the senses and loss of it would seem to be the greatest disability of all handicaps to the normal person. More has been written about the blind than any other disability.

The degree in which a person is handicapped is determined by how much sight remains, and the age when the sight was lost. If the sight is lost in early life, the person usually adjusts better than one who loses his sight later on. The adult tends to withdraw and become dependent on others.

The needs of the blind are no different than the normal person's needs, but their social and physical needs are more accentuated.

Most blind people have difficulty with activities requiring balance.<sup>10</sup> Activities using all the senses are important, and develop the kinesthetic skills. Games and sports are usually less interesting at first than apparatus work, as the surroundings are unfamiliar; and though the possibility of injury increases, the values are greater.

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<sup>10</sup> Mackie, Romaine P. and others, Education of Visually Handicapped Children, 1951, No. 20 (Washington: Federal Security Agency, Office of Education, 1951).



Social activities are essential and beneficial to the individual in order to give him social status and ego. This is especially true of the older person who has more leisure time. In such cases, hobbies and singular activities are personally satisfying.

In planning a program for the blind, it must be remembered that they tend to play simple, rather than complex. They must not only learn the games, but the surroundings as well. After learning, they should be allowed to play or compete with sighted people. All activities indulged in by normal people are adaptable to the blind program, providing too many changes do not have to be made. The leader should work with small groups so that he may offer individual aid when necessary.

Activities close to nature are helpful and enjoyable, such as camping, boating, hiking, and field trips. The trees, rain, snow, sunshine, and sunset all have feeling qualities that are exciting. The blind should also participate in seasonal games like swimming, skating, and sledding.

The leader should talk in a tone as to convey to the blind the true feeling he would to a normal person. One often tries to avoid the word 'see', but the blind think as others do, and the word is understanding. The leader helps guide the blind by voice and gives them a feeling of security while taking part in the recreation.



In throwing and catching games, a bell can be placed in a ball which helps the blind learn to throw and catch to the person speaking.

Dancing is an effective source of recreation and the blind can participate with the seeing sooner than most other activities.

The dramatic arts are a fulfilling pastime since the blind live in a world of imagination. They enjoy acting out roles in plays and stories.

Arts and crafts are often an outstanding part of a program, providing a sense of touch. It is an enjoyable way to express individuality.

Team sports are played with modified rules.<sup>11</sup> The T-formation is used in football with kicking and passing being eliminated. The snap signal is given to both teams. The partially seeing boys play in the backfield, and continue to count while carrying the ball. In basketball, here again, a bell is placed in the ball and a buzzer attached to the goal. A partially seeing player may stand under the goal and guide a fellow-player's direction vocally. Baseball is a bit more

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<sup>11</sup>Stafford, George T., Sports for the Handicapped, (Second edition; New York: Prentice-Hall, Inc., 1950).



difficult to play and needs more modification. A larger softball is used, or a soccerball which is rolled to the batter who has five strikes. The seeing person rings a bell in the general direction the ball heads, and another tells the baserunner where to go. An out is made by throwing the ball between the baserunner and the base.

Swimming is a sport where the blind person feels secure and can compete with normal people on equal terms. The pool must be very carefully guarded and supervised in order to prevent accidents.

This type of recreation must be well supervised to fulfill the needs of each patient. Leadership is the most important factor because people who are ill need more affection and friendship.

The next consideration for older people is a less strenuous program. For the most part, activities are self-planned, and little supervision is needed.

The teacher must know the physical limits of each patient before getting in the recreation program so that he may provide appropriate activities.

An adaptive program in which the original goal is the goal to strive for to help them forget their handicaps.



### CHAPTER III

#### CONCLUSION

After reading this study it should be evident that a successful recreational program depends upon the ingenuity of the leader, regardless of the handicap. Since most activities and sports can be adapted to each program, it is only the manner in which they are applied which decides the success or failure of each. In all cases, the recreation leader must fill the prescription of the medical doctor.

The Convalescent: This type of recreation must be well organized to fulfill the needs of each patient. Leadership is the most important factor because people who are ill need more affection and friendship.

The Aged: Recreation for older people demands a less strenuous program. For the main part, activities are self-planned, and little supervision is needed.

The Cardiac: The leader must know the physical limits of each patient participating in the recreation program so that he may provide appropriate activities.

The Crippled: An adaptive program in which the crippled can excel is the goal to strive for to help them forget their handicapped.



The Diabetic: When working with diabetics, it is important to know the symptoms and cures for the diabetic coma and insulin shock; and prevention of injuries should be stressed.

The Deaf: The recreation leader must always explain carefully and thoroughly each new activity presented. Explicit instruction will prevent poor sportsmanship and aggressive behavior.

The Mentally Handicapped: This group is the most difficult to for with good recreation. Their attention wanders, and interests lag; therefore, the program must be variable.

The Blind: Teaching the blind to play is an envolved process, because they must learn the surroundings, as well as the games. The supervisor must have patience, and give attention to each individual.

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